

Please Return To:

Murray Fire Dept.
ATTN: Chief Ricky Stewart
207 South 5th Street
Murray, KY 42071

Citizens Fire Academy Application Form

Please Print Clearly

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Date of Birth: ____ / ____ / ____ Sex: M F Phone: (____) ____
Month Day Year Circle One

Driver's License #: _____
State Number

How long have you lived at your present address? Years _____ Months _____

Previous Address _____ (If less than 5 years at present address)

Employer Name: _____ Occupation: _____

Employer Address: _____

Employer Phone: (____) _____

List three personal references (Name, Address, Phone)

All applicants must live, work or own property in the City of Murray. They must also be no less than 21 years of age.

I, the undersigned, understand that a background check will also be conducted on me. I also understand and agree to the fact the Murray Fire Department reserves the right to deny entry into the Citizens Fire Academy based on the finding of the background check and / or any other lawful reason and is not required to disclose that reason to me. I understand that class size is limited and that I may be denied or offered a later class for this reason alone.

Applicant Signature _____